

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

65 > 54)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/					
TOTAL DEP.	/L	↔	↔	↔	↔	↔
TOTAL CLAIMS	13					

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TOTAL IND.			
TOTAL DEP.		↔	↔
TOTAL CLAIMS			

BEST AVAILABLE COPY